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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/648,047			ing Date 26/2003	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
	FOR	N	UMBER FI	.ED NUI	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A		1	N/A	
	EXAMINATION FE (37 CFR 1 16(a), (p),	E	N/A		N/A	1	N/A		1	N/A	
	AL CLAIMS CFR 1.16(i))		minus 20 =			1	X \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	m	inus 3 = *		l	X \$ = 1		1	x s =	
☐APPLICATION SIZE FEE (37 GFR 1.16(a)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1/f)(a) and 37 GFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	04/05/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 16	Minus	** 35	= 0		x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	- 3	Minus	···5	= 0	1	x s =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**	-		X \$ =		OR	X 8 =	
Ω	Independent (37 CFR 1 16(h))		Minus	***	-		X \$ =		OR	X 8 =	
Ν̈́	Application Size Fee (37 CFR 1.16(s))					1					
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR		
									OR	TOTAL ADD'L FEE	
*If the entry in column 1 is less than the entry in column 2, write 0" in column 3. *If the "Highest Number Previously Paid For In THIS SPACE is less than 3, enter "3". *If the "Highest Number Previously Paid For In THIS SPACE is less than 3, enter "3". *If the "Highest Number Previously Paid For In This SPACE is less than 3, enter "3". *The "Highest Number Previously Paid For In Tall SPACE is less than 3, enter "3". *The This space is the "A provided in the Previously Paid For In This SPACE is less than 3, enter "3". *The This space is the "A provided in the Previously Paid For In This SPACE is less than 3, enter "3". **The This space is the "A provided in the Previously Paid For In This SPACE is less than 3, enter "3". **How This SPACE is the "A provided in the "A provide											

This collection of information is required by 37 CFR 11.6. The information is required to delian or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 39 cycered by 38 cycred by 38 CFR 21.4. This collection is estimated to take 12 nimulates to complete, including gathering, preparing, and submitted the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burdon, should be sent to the CFR Information CFR. U. S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22319-1.8. D.O. NOT 1550, JASP 18-0. D.O.